

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032149

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 305

FILED AUG 27 1962

Primary Registration District No. 6047

Registrar's No. 19

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0920

2 0920

3 2

4 0

5 1

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7 1

8 0

9 1533

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wentzville</b>		c. CITY OR TOWN <b>Wentzville</b>	
Length of stay in lb <b>3 Mo.</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RR 1</b>		d. STREET ADDRESS (If outside, give location) <b>RR 1</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Franklin Orlando Hawkins</b>		4. DATE OF DEATH Month Day Year <b>August 12 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/14/1900</b>
9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pumper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Field</b>	
11. BIRTHPLACE (City and state or country) <b>Bloomfield, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Hawkins</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Leman</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Hawkins</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Wentzville, RR1 Mary Hawkins-Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>EMACIATION + DEBILITATION OF LIVER</b> DUE TO (b) <b>MULTIPLE METASTATIC CARCINOMA</b> DUE TO (c) <b>PRIMARY CARCINOMA SIGMOID COLON</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 YR.</b> <b>6 mos</b> <b>1 YR</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>5/25/62</b> to <b>8/13/62</b> and last saw him alive on <b>7/13/62</b> Death occurred at <b>10:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>W B Hamilton DO.</b>	
22b. ADDRESS <b>Wentzville Mo.</b>		22c. DATE SIGNED <b>8/13/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/16/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moran Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Moran Kansas</b>
24. FUNERAL DIRECTOR <b>909 Pitman Ave. Wentzville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Aug 18/1962</b>	26. REGISTRAR'S SIGNATURE <b>Martha F. Huff</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Carlton J. Pittman*

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.